

The PREVENTION CONNECTION

NEWSLETTER

Talk About *Rural*

By Ken Taylor, Prevention Officer, Chemical Dependency Bureau, DPHHS

"Like such concepts as 'truth,' 'beauty,' or 'justice,' everyone knows the term 'rural,' but no one can define the term very precisely."

—Weisheit, Falcone & Wells.

We are used to thinking in terms of either/or. Populations are either urban or they are rural. According to official federal definitions, rural areas (incorporated or unincorporated) have fewer than 2,500 residents and include open territory. Urban areas are larger and the areas around them are more densely settled.

There is as dramatic a difference between *rural* and *frontier* as there is between *rural* and *urban*. Talking about frontier areas puts some depth into the meaning of the term *rural*, which can include populations as large as 30–50 people per square mile.

Rural America includes 2,305 counties—83 percent of the nation's land—and is home to 20 percent (55 million) of the U.S. population. On the other hand, nearly 40 percent of the United States remains in frontier. This frontier area is comprised of 400 counties with a total population of 4.7 million and a total area of 1.4 million square miles. In fact, more than 27 percent of the area included in the contiguous states is frontier. In the industrialized world, this is exceeded only by Australia and Canada.

Frontier areas have been most frequently defined in terms of population density. Depending on which definition is used,

a frontier county has a population density of 4–6 (less than seven) persons per square mile. Montanans spend a lot of time dealing with the implications of that kind of sparse population. Easterners, on the other hand, may understand rurality in terms of the country between shopping areas. Without actually covering these miles, it's very difficult to understand what it means to live and work in eastern Montana, where there can be 50 or so miles between small towns.

Population Perspective

Montana has considerable problems in the design and delivery of services because of its combination of large landmass and small population. If Montana's population density of 6.2 people per square mile were to be applied to a landmass the size of Washington, D.C., the Capitol would have a population of 378 people. Of that number, 96 would be children and 51 would be sixty-five years or older and eligible for Social Security. That would leave 231 people to raise the grain, bake the bread, teach the children and run the life of the community. Further, these people would live in enclaves of 10 to 20 highly mobile individuals. The largest enclave would have no more than 50 residents. Additionally, some of these 231

individuals would themselves be in need of treatment for chemical dependency.

Clearly, this is not a base upon which to build long-lasting local programs. There needs to be an intermediate step that bridges gaps between, among—and within—communities. To make a difference in addressing community problems, there must be a statewide system on which Montanans can rely. In our sparsely populated frontier state, a statewide infrastructure that will last and which is not dependent on one or two individuals is absolutely essential.

Sources: Economic Research Service, US Department of Agriculture; US Department of the Census

Useful links:

http://freespace.virgin.net/john.cletheroe/usa_can/usa/frontier.htm

<http://www.wiche.edu/MentalHealth/Frontier/letter22.html>

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The Jan and Vicki Column

The preponderance of prevention research has focused on urban populations. Unfortunately, the lessons learned aren't always applicable to rural settings. The vast majority of Montana's communities are small and rural. Each is facing its own challenges—and coming up with its own unique solutions. This issue of the *Prevention Connection* highlights some of the challenges and opportunities inherent to providing prevention services in our rural communities. The needs of rural families are distinct from their urban counterparts and their issues are exacerbated by Montana's economic challenges. Many rural families have limited access to health

care and technology—and their wages tend to be low, even by Montana standards. Even so, the tradition of staunch independence and self-reliance gives our communities strength. Neighbors care about each other and will often travel great distances to provide a helping hand despite the common struggle to make ends meet. There are people all over Montana making a difference. This issue is a salute to the superhuman efforts that have become routine for rural Montanans.

Jan & Vicki

Notes from the Edge: How Far Can We Stretch

By Nancy Smith, MSW, CCDC, Mineral County

In the community social worker for DPHHS in Mineral County, as I have been for the past nine years. Notice that I say "the." This county is 100 miles long and 35 miles wide, with approximately 87 percent of the land state or federally owned.

This translates into a very small tax base. It also means there is no real room for business expansion, which is part of the reason poverty is one of our biggest challenges.

Year 2000 Census data put Mineral County's population at 3,884. Of that number, there are 537 food stamp recipients and 129 are Low Income Energy Assistance clients. This isn't likely to change anytime soon. According to the January 19 *Missoulian*, the latest state labor numbers show slowing job growth for 2002. Mineral County—with its 9.4 percent unemployment rate—already counts among the five Montana counties with the highest unemployment rates.

**"Rural social work
is up close and
personal and has
many rewards."**

Last fall, a practicum student from the University of Montana in Missoula wanted social work experience, so she started working with me. Unfortunately, she soon found that her schedule wouldn't permit her to drive out this far on a regular basis, so she worked in Missoula instead. This semester she has a couple of free days a week, and has started coming again. She has the

advantage of looking at the services we provide with a fresh eye, while comparing what goes on here with what she observed in Missoula. Her first observation put the difference between rural and urban services in a nutshell: "What I see is the personal connection. Wherever you go, everybody knows you. It's close and personal."

The jobs here used to be in logging, mining and the lumber mills, but those industries have been struggling for years. Traditionally, people would come to an area for jobs. When the jobs were gone, they would leave to seek other opportunities.

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Notes from the Edge

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More recently, welfare has allowed people to remain in place—with or without a job. They hunker down and live hand to mouth, month in and month out, with little hope for any real change. This results in ingrained, intergenerational rural poverty. The youth coming from these backgrounds don't have the experience to realize that they can create better lives for themselves. Ultimately, the lack of insight translates into disempowerment and an apparent lack of motivation. Without hope, youth go on to repeat the life patterns they've observed.

On a different note, sheer distance has a big impact on Mineral County residents. To get from Saltese, on the far western side of the county, to Superior, the county seat, is a 40-minute jaunt. This is significant. For many people here, transportation is a never-ending problem. Working around this to provide services can be really difficult. For example, one day a week, Turning Point from Missoula sends staff to Superior. Western Montana Mental Health has an office in Superior, which coordinates the efforts of the counselor from Turning Point. The office provides case management, offers a day-treatment program through the school and therapy. This combination makes up the bulk of services available to our clients.

Many of the people I work with are required to appear for services on the day those services are available. Not long ago, one of my clients had carefully arranged her schedule so that she could attend her appointments. She was halfway between St. Regis and Superior when her car quit. No one would stop for her, so she *walked* the seven miles back to St. Regis in pouring rain. Needless to say, she missed her appointments. These days, I meet that particular client in St. Regis. Though I try to get people to come to my office whenever possible, I put on at least 1,000 miles a month getting around to see those who just can't make it in.

Another obstacle we face in this rural county is the lack of the well-rounded local services found in bigger areas. We have to be all things to all people—we can't afford to specialize. This means that we're drawn into issues that would normally fall outside the scope of our jobs. Because there's nobody else, each of us does what

we can. For example, at the moment, I provide child protection services, drug and alcohol counseling services, and serve on nine different boards. I'm on call weekends and holidays. Missoula's DPHHS provides coverage for me when I have to leave town, but unless there is a dire emergency while I'm gone, any problems that come up are waiting for me when I get home.

The drug and alcohol counseling I provide is on behalf of our new juvenile drug court. The drug court "team" includes the sheriff, the county attorney, school personnel, the defense attorney, the probation officer, the judge and me. As you might imagine, this took quite a while to coordinate because there just weren't a lot of people available to provide the services needed. The drug court has been up and running for a year now, and four kids are almost ready to "graduate." Each of these kids is doing really well, despite challenging histories that could have resulted in lifelong obstacles. Once they successfully complete the requirements set by the drug court, their juvenile records will be wiped clean and they'll be able to get a fresh start.

Drug and/or alcohol problems never occur in isolation, so we've also initiated a family component to the juvenile drug court. Families meet with me, and participate in a class that helps them learn how to best support their kids. Without exception, the families have responded very well. There are many, many other families who would respond equally well, and who are in great need of these services. The question of expansion doesn't come down to need and it doesn't come down to whether or not the drug court is working or not. It comes down to simple logistics: how far can we stretch?

In addition to her other duties, Nancy Smith is the board secretary for the Montana National Association of Social Workers and Chair of the statewide Child Welfare Committee.



Interagency Coordinating Council (ICC)

Mission: *To create and sustain a coordinated and comprehensive system of prevention services in the state of Montana*

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Jan Lombardi

Poverty Under the Big Sky

By Sherrie Downing, Editor

The State of Poverty

With more than 31 million residents, Poverty, USA, is the second largest state in America. Today, nearly 12 million children—1 in 6—live in poverty, yet a March 2000 Gallup poll found that only 5% of Americans believe poverty and homelessness are important problems for the country.

See Poverty USA at <http://www.usccb.org/cchd/povertyusa>

*The National Health Law Program, www.healthlaw.org, is one of three sites featured in the January 28, 2002 cover story of **Time Magazine**, "Health: Where To Get Help In Changing System." The site is listed as a reliable source of information that can serve as an antidote to the confusion of the current health care system.*

Speaking for America's Children Survey the nation's leading state child advocates and you'll find a common agenda for 2002 for improving economic security for families and educational opportunities from pre-school through secondary, but wide-ranging priorities on other issues.

<http://www.childadvocacy.org>

From the highway, Montana is a vast canvas of mountains, abandoned mines, pristine rivers and skies so huge that it's no wonder we claim them to define our state. We could just as easily claim the mountains or the vast rolling plains of eastern Montana. Those plains are rolling, seemingly limitless and so empty that the vast space and the isolation can be intimidating, particularly when the only voice is that of the wind.

Out there, at the far eastern edge of the state, there are few vehicles on the road and the drivers seem unhurried. The roads are straight and unvaried, so unpocked that it feels possible to fly to that distant place where sections of gold meet miles of blue. And yet, watching the slow-moving trucks and battered cars, it soon becomes apparent that in this huge place, time and space are the only things people can afford to waste. Throughout Montana, east to west, north to south, the few ostentatious splashes of dazzling affluence do little to balance miles of desolate poverty.

This poverty speaks quietly, camouflaged by natural beauty, plaintive voice rising from rusted trailers cobbled together with plywood and hope. Here and there stretches of land are marred by Farmers' Blight—old refrigerators, styles marching back a decade at a time, rusting car bodies and bed springs . . . land dotted with green-going-to-rust monoliths that once plowed acres of rich black dirt into furrows, but which now stand idle, abandoned to years and weather.

Poverty in Montana—when passing at seventy miles per hour—is picturesque, but the demographics are chilling. The National Center for Children in Poverty tells us that between 1993–1998, an additional 18,754 Montana children began living in poverty. This number reflects a 32.8 percent jump in the child poverty rate during that same period. According to *Pulling Apart: A State-by-State Analysis of Income Trends*, wage inequality has been increasing in Montana for twenty years, and is now at an all time high. By

the mid-1990s, the richest twenty percent of families with children had incomes ten times as high as the poorest twenty percent, and two and a half times as high as the middle twenty percent. Perhaps even more telling, during the past two decades, the average income of the poorest fifth of families fell by over \$1,200 while the average income of the middle fifth of families fell by almost \$2,700. At the same time, the income of the richest fifth actually jumped by over \$7,000.

A look at the Department of Labor's lists of top employers provides some insight. In virtually every county in Montana, more than half of the top employers are fast food restaurants, chain stores, and grocery markets. Generally speaking, these employers aren't paying much more than minimum wage, and few offer full-time employment or benefits. Even though Montana currently holds third place in the nation for the number of people holding more than one job, need has never been higher for temporary emergency assistance.

What does this mean? It means that people are hungry. It means that parents are working so hard to feed and shelter their children that they have little time left to accomplish anything but the most pressing tasks, much less to read aloud or to spend time playing with their children. It means that children are reaching school unprepared to compete, because they've never heard the fairy tales, never learned the nursery rhymes, and never held a pair of scissors. It means that our elders are being forced to choose between groceries and medications. This poverty means that food banks are hard pressed to keep up with demand. On every level, poverty means that options are reduced—here as everywhere.

Rural poverty may be easier to look at than urban poverty. Forests, mountains and vast blue skies are far more beautiful than dirty sidewalks and crumbling buildings. But in the end, poverty means hunger, hopelessness and pain—and there's simply no way to put a pretty face on that.

A Venture Community: Rural Poverty Reduction



31,000 square mile area covering eleven northcentral Montana counties was recently named a *Venture Community* by the Northwest Area Foundation. With the designation comes \$600,000 to write a 10-year poverty reduction plan. Community leaders have gladly accepted the invitation to fight poverty.

The Northwest Area Foundation, established by the son of Great Northern Railway founder James J. Hill, helps communities reduce poverty in the eight states the railroad served. The foundation anticipates distributing over \$200 million in Montana, Oregon, Washington, Idaho, North Dakota, South Dakota, Minnesota and Iowa over the next 10 years.

Why Northcentral Montana?

Low wages, high unemployment, and a decade-old drought plague the eleven-county region that includes Glacier, Toole, Liberty, Hill, Blaine, Phillips, Pondera, Chouteau, Teton, Cascade and Judith Basin counties. Jobs are almost as scarce as rainfall. Poverty rates range from 13 – 34 percent, with the greatest pain found among the area's Indian nations, which include Blackfeet, Rocky Boys and Fort Belknap, as well as urban Indians. "Our reservation unemployment is as high as 70 percent," said Caroline Brown, Director of Business Information Center at Fort Belknap Tribal College. "We welcome this partnership with the Foundation in hopes of improving access to education and training for Indian people."

A Unique Philosophy

Six years ago the Northwest Area Foundation decided to change its mission to help disadvantaged communities. After a year of strategic planning, community discussions, individual interviews and research on these northern tier states, some key messages emerged:

- People have lost confidence in attempts to find outside solutions to local problems;

- Many people have lost hope that communities can transform themselves; and
- When asked what might make a difference, many people said their communities needed resources—not just financial, but ideas, leadership, and coordination—in order to support their own efforts to improve their future.

The foundation will assist the region by providing financial support and expertise to facilitate the writing of the 10-year plan. If the plan significantly reduces poverty and meets the foundation's other criteria, the region will take the next step, and the foundation will support the community in making the plan a reality.

The foundation acts independently when it makes a Venture Community designation. In the case of northcentral Montana, foundation staff interviewed community leaders throughout the region. "I'm impressed with the way the Northwest Area Foundation wants to build this coalition from a community, ground-up perspective," Blaine County Commissioner Vic Miller said.

The foundation expects communities to commit to: *

- A significant focus on reducing poverty through emphasis on integrated approaches that address interrelated economic and social concerns;
- Involving diverse interests along many continuums (including age, race, ethnicity, and income) in determining community priorities and making resource allocation decisions;
- Creating strategies for accomplishing community goals and leveraging significant other resources;
- Developing local capacity to achieve community goals;
- Learning and adapting in response to new knowledge and changing circumstances and sharing what is learned with other communities.

* Source: NWA Foundation Website—<http://www.nwaf.org>

For more information on the Venture Community planning process, contact any of the Northcentral Montana Venture Community Executive Council members:

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21st Century

The Montana Office of Public Instruction has taken over the operation of the 21st Century Community Learning Centers from the U.S. Department of Education.

This is a grant to provide academic enrichment to low income students and families through before school, after school, and/or summer school programs. Both school districts and community-based organizations in cooperation with their local school districts can apply for grants that must be at least \$50,000 per year for a minimum of three years.

At this time the Office of Public Instruction is in need of names, street and e-mail addresses, phone numbers, and contact persons for interested organizations.

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Dr. Steve Seninger is the Director of
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Dr. Seninger is also Director of the
Kids Count in Montana Program.

Kids Count

By Dr. Steve Seninger

Montana kids are a major demographic force representing 28 percent of our state's population of slightly fewer than one million people.

Sponsored by the Annie E. Casey Foundation, *Kids Count* is a national and state-by-state effort to track the status of children in the United States. It is designed to provide policymakers and citizens with the benchmarks needed to enrich community, state, and national discussions of child well-being. At the national level, one of the principal activities of *Kids Count* is the publication of the annual *Kids Count Data Book: State Profiles of Child Well-Being*, which reports at least 10 leading indicators of child welfare in every state.

In Montana, the *Kids Count* project, based in the Bureau of Business and Economic Research at the University of Montana, is a statewide collaborative effort bringing together a wide range of organizations interested in or involved with children and families. One of the major goals is to identify the status and well-being of Montana's children by collecting the best available data on children and using it to publish a *Montana Data Book*. Through publication of this data, the project hopes to maintain and refine baseline measures for kids and families in order to track progress and problems in kids' health, education, and overall well-being.

Montana has improved some demographic indicators like child mortality and births to teen moms, but the state continues to rank poorly on many socio-economic indicators. Since 1990, Montana's infant mortality rate has fallen from 9 to 7.4 infant deaths per 1,000 live births, an improvement that puts our state 28th among the 50 states. Our child death rate also has dropped over the same period, as did the birth rate to teen moms 15 to 17 years of age. Even so, Montana kids and families continue to face economic hardship.

There has been virtually no improvement over the past decade in other measures:

- Twenty-two percent of Montana kids lived in poverty in 1990. The number stood at 21 percent in 1998 and placed Montana 35th among all states.

- In 1990, 29 percent of Montana parents were without full-time, year-round work. This number increased to 31 percent in 1998, placing the state 29th in the rankings.

Rankings give us an idea of where we stand in relation to other parts of the country. We also have a higher than national proportion of children in working-poor families, at 31 percent for the state compared to 23 percent nationwide. The 75,000 Montana children in this category are in families where at least one parent, and sometimes both, worked full-time all year and the parents' jobs and other sources of income totaled \$33,060 or less.

In short, while Montana has made progress, the state has either regressed or remained stagnant in areas of social and economic opportunity for kids and families. The interaction between several indicators, particularly those that are socio-economic, can lead to higher risks of negative outcomes for children and families.

Our persistently low standings in national rankings of job earnings and household income have become standard descriptors of the economy. Montana's per-capita personal income, one of the lowest in the nation, was \$21,997 in 1999. This represented 77 percent of the national average of \$28,546. The gap between Montana and the nation is even larger for median household income, which was \$29,672 in 1997, as compared to the national median of \$37,005.

Poverty rates for Montana kids 18 years of age and under are some of the highest in the nation. About 50,000 Montana kids live in families and households where annual income was below the U.S. poverty threshold, as defined by the Office of Management and Budget. (For 2002, the HHS poverty threshold for a family of two adults and two children is \$18,100.)

The pattern of risk factors points to family-focused programs as a key approach to addressing the problems of high-risk children in Montana. To change the prospects for high-risk children ultimately means changing the circumstances of their families, especially their access to community programs. We have evidence that many high-risk kids overcome the odds. Family programs supported by business, government, and communities will help even the odds for high-risk kids.

Kids Count in Montana is available online at www.bber.umt.edu/kidscountmt

Beyond the Pipe: Native American Tobacco Prevention Project

By Ada L. Bends, Former In-Care Network Coordinator

In-Care Network, Inc. (ICN) has been awarded a three-year Native American Tobacco Prevention grant by the American Legacy Foundation. This project, creatively entitled *Beyond the Pipe*, will collaborate with the seven Montana Native American Tobacco prevention contractors. *Beyond the Pipe* will assist the tobacco prevention contractors with their efforts to educate Montanans on the sacred uses of tobacco while at the same time informing them of the dangers of commercial tobacco use.

The American Legacy Foundation allocates money to tobacco prevention projects around the country and is aware of the importance of incorporating the Native American perspective in their quest to reduce the prevalence of smoking on and off of the reservation. In the last few months of this project, we have had very successful on-site visits to each of the eight Montana Tobacco Use Prevention Programs (MTUPP) Native American projects.

Each of the projects is providing outreach and educational prevention/intervention components to address the growing percentage of tobacco-related health issues and challenges present in every community served. MTUPP Native American contractors are participating in school outreach for every age from Head Start through K-12 and collegiate levels. Some of the activities have included poster contests, one-on-one contacts, training, walks/runs, sports, cultural awareness, the Great American Smoke Out, local video projects fea-

turing community members, and after-school programs. There has also been outreach to Indian centers and clinics, as well as referrals, and activities geared to educational awareness. In view of the limited availability of Tobacco Settlement funding allocated to each of these projects, they are doing phenomenal work!

Beyond the Pipe has sponsored several networking activities for the eight contractors. A meeting was held in Billings to allow introductions and updates. There was also a strategic planning and supportive issues teleconference held in December, 2001. In addition to facilitating collaboration, *Beyond the Pipe* is providing a statewide Native American youth newsletter, providing media and educational materials support, as well as Native American adult and youth immersion camps, which are set for the summer of 2002.

We are in the first phase of our three-year grant and look forward to developing strong collaborations with the eight funded MTUPP Native American contractors, thus helping our community efforts reach higher, more successful levels. I commend the MTUPP Native American contractors for their commitment and efforts in providing the educational awareness of the detrimental effects of tobacco abuse. Continued and additional funding would provide an even greater opportunity for the whole state of Montana in its ongoing tobacco abuse campaign.



Thank You, VISTAs

America is looking for ways to capitalize on a long-standing tradition—the tradition of community service. VISTAs (Volunteers In Service To America) spend a year responding to the call to service, VISTAs are making a tremendous difference for Montana communities during a time when Montana's young people are challenged on a daily basis by the hardships of poverty, the temptations of unhealthy sexual behavior, the threat of violence and abuse, and the infiltration of dangerous drugs. Because of people like the VISTA volunteers, there is hope.

From a farewell speech to graduating VISTAs by Nan LaFebvre.

The VISTA Pledge

I will get things done for America—to make our people safer, smarter and healthier.

I will bring Americans together to strengthen our communities.

Faced with apathy, I will take action. Faced with conflict, I will seek common ground.

Faced with adversity, I will persevere. I will carry this commitment with me this year and beyond.

I am an AmeriCorps member, and I will get things done.



MTUPP Native American Project Coordinators

- 1) **Helena Indian Center—Cary Youpee (594-1427)**
- 2) **Blackfeet Nation Tribal Health—Lori New Breast (338-2413)**
- 3) **Missoula Indian Center—Debbie Tatsey (829-9515)**
- 4) **Northern Cheyenne Health Clinic—Charlene Campbell and Lee Ann Bruised Head (477-4503 and 477-4435)**
- 5) **Billings Indian Health Clinic—Jolene Spang (657-2123)**
- 6) **Crow Nation Tribal Health—Lu Mary Spang (638-3953)**
- 7) **Great Falls Indian Clinic—Sarah Kromarek (268-1510)**
- 8) **In-Care Network, Inc.—Dyani Bingham (259-9616)**

Faith-Health Integration

By Dave Young

"Our civilization cannot survive materially unless it be redeemed spiritually."

—President Woodrow Wilson

For more information about the scope and mission of the Montana Faith Health Cooperative (MT FHC), see:

<http://healthinfo.montana.edu/ruralhealth/mtfhc/mtfhc.html>

<http://healthinfo.montana.edu/ruralhealth/mtfhc/ctenames.html>

<http://ahec.msu.montana.edu/ruralhealth/mtfhc/summit.html>

The overall mission of the MT FHC is to foster and promote productive faith-health partnerships across Montana designed to improve the holistic health and social well-being of Montanans and their communities.

In spite of overall improvements in the nation's health, a health care crisis continues to exist for rural residents. Disparities between urban and rural residents with respect to access to health care services—and ultimately to health care outcomes—are significant.

People living in rural areas do not have ready access to emergency services or specialty care. They are less likely to get regular exercise, use preventive screening services or seat belts. People with disabilities are also disproportionately represented in rural areas. Compounding this dismal picture of rural health are long distances and poor secondary roads, severe winters and inclement weather, the sparse number of rural health care providers, an economic decline and an aging population base.

Several approaches to these rural issues have emerged over the past two decades from within faith-based organizations. The focus of ministering to disenfranchised and depressed rural communities really came to the forefront in 1998, with the publication of a book entitled *Rural Ministry: The Shape of the Renewal to Come*. This book brought a sense of urgency and importance to the many crises occurring in rural communities, including closing schools and hospitals, corporate buyout of farms and ranches, the graying of rural communities and the changing face of rural poverty. The authors presented an impressive history of the rural church and a compelling vision of how the church must work for justice and change in and beyond rural communities. The ray of hope in the book is based on the potential for enhanced cooperative and collaborative partnerships geared to the solution of rural problems.

Over the past five years, the federal government has encouraged the national faith-health movement through development of faith-based programs within its agencies. Further encouragement came through the passage of 'charitable choice'

provisions in the 1996 welfare reform act and through the establishment of the White House Office of Faith-Based and Community Initiatives (OFBCI). In the White House Executive Order of January 29, 2001, which established the OFBCI, President Bush indicated that he was building on the concept of 'charitable choice.'

In Montana, the integration of faith and health has recently taken on a new look with the 2001 formation of the Montana Faith Health Cooperative (MT FHC). The impetus originated in a collaboration between the Montana Association of Churches (MAC) and the Montana Office of Rural Health (MORH) through which they worked on a

Rural Crisis Outreach Grant entitled, "Seeds of Hope: Revitalizing Rural Montana." Forums were convened by local faith-based organizations, bringing together community members

The rural church has a long, proud history. When settlers were migrating west and opening the frontier, one of the first buildings they erected was a church. Throughout history, the local church has been a cornerstone advocating justice and equity for rural residents. During the Depression and other periods of crisis, small rural churches played a key role in the vitality of rural communities.

with an eye to seeking solutions to Montana's farm/ranch crises. The town meetings revealed that faith-based organizations are in a pivotal position to play a significant role in improving the health and well-being of rural communities. Additionally, the dialogue underscored the plight of isolated, underserved rural communities facing chronic economic decline and persistent poverty.

Planning, development and implementation of the MT FHC is being orchestrated by a steering committee comprised of representatives from: Blue Cross/Blue Shield of Montana; Lutheran Social Services of Montana; Montana Association of Jewish Communities; Montana Department of Public Health and Human Services; Mental Health Association of Montana; Montana Hospital Association; Northern Rockies Institute of Theology; Governor's Office of Indian Affairs; Parish Nurse Center at Carroll College; Saint Vincent Healthcare; St. John's Lutheran Ministries; and Yellowstone Presbytery.

For further information about the Summit and/or future activities of the MT FHC, contact David Young, MT Office of Rural Health, 406-994-5553; e-mail: dyoung@montana.edu

The Threat of Rural Suicide

Farm families, with their strong attachment to the land, have careers rife with stress, debt, hard work and uncertainty. The hours are grueling and the rewards uncertain. During the past few years, these issues have been compounded here in Montana by long-term drought, widespread fires, and depressed cattle and commodity prices—all of which have all taken heavy tolls on our farming and ranching communities.

As stated in *A National Proposal for a Mental Health Support System for Farmers and Ranchers* by Michael R. Rosmann, Ph.D., the suicide rates of farmers and ranchers are well above those of the general population during periods of economic prosperity and increase significantly during periods of economic distress. In his article, Rossmann points to a review commissioned by the Office of Rural Health Policy, which finds existing mental health services for farmers and ranchers inadequate due to the scarcity of trained and licensed mental health providers in rural areas.

There may also be a stigma about accessing mental health services. This creates significant barriers that must be overcome by members of the agricultural community, which has a well-earned reputation for tough stoicism and staunch independence. “Even though they’re desperate, they feel like they’re just supposed to bite the bullet and buck it up and get better on their own,” Mental Health Association of Montana Executive Director Charlie McCarthy has said.

Per *Suicide Prevention in Montana: A 5-Year Plan*, Montana’s suicide rates are among the highest in the nation, consistently holding second or third place. This has been true from the earliest records dealing with suicide. Unfortunately, the rates show a continual upward climb. A few generalities apply:

- Suicide deaths vary by gender, and males are at greater risk than females.
- Suicide deaths vary, to some degree, by race, but the difference in rates between American Indians and Caucasians in Montana are minimal when considered over time.

- Rates vary widely by age. When the results are disaggregated by age, it becomes clear that the threat from suicide is greatest among adolescents and young adults, as well as older Montanans.
- Suicide was the leading cause of death among 10–14 year old youth in 1998, and the second leading cause of death in the 15–24 and 25–34 year old brackets, behind unintentional injury and adverse effects.
- When considering all ages, suicide has ranked as the 7th or 8th leading cause of death for more than two decades.
- Firearms and hanging are the most common means of suicide used in Montana. Other lethal means include carbon monoxide, overdose, motor vehicle crashes and jumping from heights.

Because there is such variation in suicide rates among age groups and genders, there is an equally wide array of options for prevention and intervention. The data on effectiveness of various programs and interventions is limited, but it is clear that a singularly focused intervention strategy such as a crisis line or gatekeeper training program will not have a lasting impact in isolation. Each program needs to be tightly integrated and interlinked with other strategies to reach the broadest possible range of persons at risk. (*Suicide Prevention in Montana: A 5-Year Plan*; page 7.)

For more information, contact:

Charlie McCarthy, Executive Director
Mental Health Association of Montana
25 South Ewing, Suite 200
Helena, Montana 59601
Phone: 1-406-442-4276
Fax: 1-406-442-4986
Email: mham@in-tch.com
Website: <http://www.mhamontana.org/>

For some good notes and data on rural suicide, see <http://www.narmh.org/resnote.htm> or <http://www.suicidology.org/index.html>.

The Mental Health Association of Montana asked persons surviving the loss of a loved one through suicide to contribute a memory square in remembrance of their loved one. The squares will be used to create Montana’s “Faces of Suicide” quilt, which will be joined with quilts from over 40 other states at the Annual National Suicide Awareness Event in May 2002. Sufficient memory squares have been received to complete the first quilt. Molly Prothero and members of the Helena Quilters’ Guild are now assembling it. Some of the memory squares can be viewed on Montana’s Mental Health Association website. The Association encourages more people to submit memory squares, which will be used to make additional quilts. For more information, please visit www.lifekeeper.org.

The opinions expressed herein are not necessarily those of The Prevention and Recourse Center and the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services.

Deputy Dan Springer: In the Schools

By Jenna Caplette

WORLD IN MOTION—Coming soon to a school near you . . . an innovative and dynamic program, *A World In Motion*, which provides the tools for hands-on math and science learning, development of language arts, team building, mentoring from community professionals and more. The program was developed by the International Society of Automotive Engineers. Former MCF Director Arne Siegel, a member of the Society, has launched the program in a number of Montana schools. With a record of proven success throughout the US and Canada, Arne, with the assistance of MCF Director Aidan Myhre and former Executive Director Sidney Armstrong, is raising money and awareness to provide the program to all Montana schools, with a special emphasis on rural schools. Local community foundations can play an important role. Developing skills and confidence leads to a success for students and a skilled and educated workforce, contributing to Montana's economic development.

For more Information contact Aidan Myhre: amyhre@mt.net

Deputy Dan Springer is an educator, counselor, investigator, and programs-facilitator, but his title is *School Resource Officer*. Springer spends his time rotating among ten rural schools in Gallatin County, in support of an Underage Prevention Drinking Grant awarded by the Montana Board of Crime Control. As a facilitator, Springer helps set up alcohol-free programs in schools. As an educator, he can present any of several different programs, depending upon school preference. Presentation topics include alcohol prevention, drug identification and gun safety. In his downtime, Springer talks to kids in the hallway, building rapport.

Springer's first visit to schools is in uniform. As the kids get to know him, he begins wearing street clothes. "A uniform can be threatening—it enhances the separateness of *cop* versus *student*." He pauses, then adds, "It can also be intriguing."

Having a resource officer working with children grades kindergarten through 8th grade is important. Springer has a chance to teach kids the skills necessary to handle themselves in unfamiliar situations. "Kids from rural schools who will be transitioning to larger schools are not used to being confronted by someone selling drugs. They need to know how to respond, how to say no," he says.

Currently, 7th and 8th grade students see Deputy Springer as an authority figure rather than a resource. He'd like to see that change before they reach high school. Springer believes that at the middle school level, you're more of an outcast if you *are* drinking. He thinks the majority of kids that age would rather do something alcohol-free. "Most kids are not drinking or going to the big parties, but that's what they hear about. They don't hear from the kids who watched movies all weekend."

The purpose of the Underage Prevention Drinking Grant is to reduce the rate of alcohol-related offenses for youth. Beyond the school-based component of the grant, there is a focus on educating vendors with the intent of preventing the sale of alcohol to minors. Deputy Springer also works with Shawna Schaar, the grant's Youth Alcohol

Prevention Officer. Schaar coordinates the Youth Alcohol Prevention Funds and works with an Application Review Committee to consider proposals for projects geared to the prevention of underage drinking.

Organizations eligible for funds include Gallatin County schools outside the city limits of Bozeman, community organizations and Montana State University.

Once school administrations or kids take the initiative, the review committee can assist by providing the funds to make their county-oriented, long-term ideas reality. "For example, if five schools wanted to get together and have a dance every weekend at alternate schools, that would fit our criteria." There is a \$500 cap to funds available for any particular project, and it can take up to forty-five days for a proposal to be considered and approved.

Communities currently involved in the program include Willow Creek; Monforton; Ophir; Gallatin Gateway; Amsterdam; Anderson; LaMotte (Bear Canyon); and Springhill and Pass Creek; Manhattan Christian, and the Manhattan and Three Forks High Schools.

—Jenna Caplette is the Prevention Writer for Alcohol and Drug Services and the Gallatin County Coordinator, Gallatin County DUI Task Force

For more information or to inquire about Youth Alcohol Prevention funds, contact Shawna Schaar at 582-7883.



A Lot of Dirt Between Computers: Telecommunications in Rural Montana

By Bob Rowe, Public Service Commissioner

There's a lot of dirt between computers in Montana. Lots of it is piled up into 10,000-foot tall mountains, which makes Montana a special place. It also makes Montana a challenging, expensive place to provide telecommunications service—especially advanced services such as high speed Internet access. Rural Montanans are taking advantage of increasingly high quality telecommunications to pursue innovative health care delivery strategies. This telecommunications system is much more than “plain old telephone service.”

The same mountains that make it hard to run a wire line can also make it difficult to use many currently available wireless technologies. Distance and lack of density, the same things that make telecommunications hard to provide, also make it valuable. Combined with other elements in a thoughtful plan, advanced telecommunications can be an essential part of a community and economic development strategy, especially relative to the delivery of high quality health care and educational services.

What is the Digital Divide?

The challenge of providing advanced services to rural America is one of several issues often referred to as the “digital divide.” But “digital divide” means different things to different people. It's more accurate to talk about many “divides.” On the supply side, it may refer to demand for high capacity transport facilities (long lines to haul data), connections to the Internet backbone, or high speed local loops.

To some customers “digital divide” means the time it takes to get a high capacity T1 line installed, or the price to use existing services. To a data-intensive business customer, it means the need for “redundant” backup facilities in case one access path is interrupted, for example by a cut cable. Supply-side problems are usually best addressed through approaches that encourage building facilities.

On the demand side, “digital divide” may refer to less access to computers,

Internet connections, training or content by rural residents, senior citizens, Native Americans and other minorities, or families with lower incomes. Demand-side strategies tend to be best addressed through a different set of strategies, such as providing community access points or local training in a school, library or “cyber cafe.”

Supply-side and demand-side problems can be related. Lack of density makes it more expensive to build facilities. Lack of demand makes it more difficult to recover the cost of building, as per the following table.

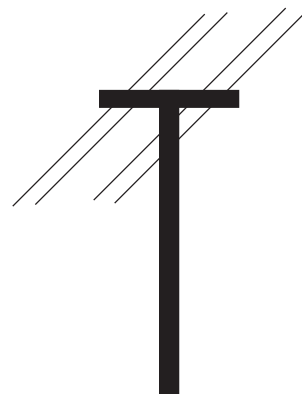
How is Montana Doing?

Montana is making real progress.

- There are now over 5,000 miles of fiber transport serving Montana, with more being built. The MAIN Network, built by a consortium of small companies and cooperatives, provides a fiber loop around most of rural Montana.
- Eighty percent of Montanans live within fifty miles of a DS 3 level connection to the backbone.
- The VisionNet system of two-way video studios, together with other studios connected to it, serves nearly 100 Montana communities, mainly in rural areas.
- Montana's small providers are deploying high-speed DSL loops in over one hundred communities, including some of the smallest and most remote towns in Montana.
- Qwest offers retail DSL in Helena, wholesale DSL in Bozeman, and is installing new telecommunications equipment in several areas as part of its

ICC Recognized at International Conference

Susan Porrovecchio of the Treasure State Correctional Training Center in Deerlodge attended the International Nurses' Society on Addictions 2001 Annual Educational Conference: Advancing Addictions, Nursing Practice in the 21st Century held in September. Porrovecchio was both a participant and a member of the International Panel on Harm Reduction. While there she presented information about the structure of the Interagency Coordinating Council to an international audience. Congratulations to Susan on a job well done.



Density/Demand	
High Density/High Demand <i>Competition/market solutions</i>	High Density/Low Demand <i>Economic & community development</i>
Low Density/High Demand <i>Universal service, aggregation, technology</i>	Low Density/Low Demand <i>Throw the book at 'em</i>

Continued on Page 12

Distance Learning Opportunities for Public Health and Partners in Rural Montana

Each month the distance learning coordinator at MT DPHHS sends a list of free satellite broadcasts on public health topics such as emergency preparedness, information resources, environmental health, prevention, and healthy communities to local health departments and others on an email list. If you would like to be on this list, please call Tina at 444-6820 or email her at chingst@state.mt.us .

You may also call for a list of possible downlink sites in your community. The distance learning opportunities are part of a public health workforce development effort to ensure the workforce is capable of delivering essential public health services during routine and emergency operations. Having secure, accessible systems for rapid communications is a necessary part of this effort.

The Health Alert Network, funded by CDC, ensures high-speed secure internet connections for local health officials in Montana and includes training in using technology for communications and distance learning.

We are also building up our satellite downlink capabilities in Montana as part of a national effort.

A Lot of Dirt Between Computers

Continued from Page 11

Summitnet II contract with the state. Qwest has also worked with several economic development agencies on local projects to provide improved reliability, and is beginning to open up its network to competitive providers.

- AT&T rebuilt its cable systems in several cities to offer high-speed cable modem access.
- Competitive DSL, high-speed wireless, and backbone providers such as Touch America are beginning to provide service in Montana communities; more are planned.
- Telemedicine programs provided by Billings Deaconess and St. Vincent Hospitals offer high-quality health care to rural eastern Montana, and are considered among the finest telemedicine programs in the country.

How Can We Build?

The 1996 federal Telecommunications Act is built on the twin pillars of competition and universal service. These powerful tools are reinforced by efforts in Montana that range from community networking projects to tax incentives for advanced telecommunications investment.

Montana has strong technology leaders in Washington as well. Senator Conrad Burns is Ranking Member on the Telecommunications Subcommittee of the Senate Commerce Committee. Senator Max Baucus is Chairman of the Senate Finance Committee. They both "get" the Internet, understand what it means for rural America, and have sponsored key legislation.

Here are a few of the most important tools available.

1. **Universal Service:** Montana providers receive nearly \$60 million a year in national support for high cost service. Most of this goes to keep prices down and service good in the most rural parts of Montana. It helps pay for the foundation on which more advanced services can be provided. The Federal-State Joint Board on Universal Service (of which I am a member) recently finalized work concerning how support should be given to rural service providers.
2. **Competition:** Opening the local phone network to competition involves more technical and economic

challenges than many experts anticipated. An innovative project brings thirteen of the states served by Qwest together to work through many of the technical issues in opening up the local network.¹

3. **Incentives and Targeted Support:** A variety of targeted programs and incentives are in place. The Rural Health Care (RHC) and Schools and Libraries (S&L) programs, part of the package of universal service programs, are supporting connectivity to many Montana communities. The Rural Utility Service in the U.S. Department of Agriculture provides a wide range of grants and loans for technology projects. The Montana Legislature created a tax credit for advanced technology investment which has so far has helped spur well over \$10 million in new investment, mainly in rural areas.

4. **Community and Economic Development Strategies:** Local economic and community development leaders are working with businesses, providers and citizens on increasingly sophisticated strategies, advice and technical assistance.

Additional information on this and other utility-related topics is available on Bob Rowe's web page at <http://psc.state.mt.us/browe.htm>.

Bob Rowe is a Public Service Commissioner and member of the Federal-State Joint Board on Universal Service. He is also a member of the Federal-State Joint Conference on Access to Advanced Services and heads a thirteen-state group working on technical issues in telecommunications competition in the Qwest region. Bob is past President of the National Association of Regulatory Utility Commissioners (NARUC) and past chair of the NARUC Telecommunications Committee.

¹ Information about the thirteen state collaborative is available at <http://www.nrri.ohio-state.edu/oss.htm>. The author's initial proposal for the project can be found by clicking through to "Administrative," and then to "Background Information."

Racial Disparity in Prisons

According to the 2000 U.S. Census, Native Americans comprise just 6.2 percent of Montana's population but about 20 percent of the population in our correctional institutions. To be more exact, 19 percent of the 3,704 Montana men and boys being held in correctional institutions are Native American, as are nearly one-third of the 429 women.

Representative Carol Juneau, D-Browning, said the Census numbers understate the number of Montana Native Americans who are behind bars. "We have a large population within the federal system as well, and many of them are being held outside of the state," said Juneau, a member of the Blackfeet Tribe.

Marc Mauer of the Sentencing Project, a nonprofit group promoting alternative sentencing nationwide, said there's no single reason why a higher percentage of minorities ends up in prison. He states that it's more likely an accumulation of factors encoun-

tered at each step in the legal system.

Jim Burfeind, Associate Professor of Sociology at the University of Montana, has noted that the Census findings correlate with other studies that show a disproportionate number of racial minorities in the nation's prison system. And though some studies show that the incidence of drug use is about the same for all racial groups, minorities are more likely to be incarcerated for drug offenses. "That indicates there's something else going on, a system effect," Burfeind said.

The issue of how the corrections system handles Native Americans and other minorities is a topic of discussion for the new Corrections Advisory Council, a 22-member group of legislators, law officers and other appointees that acts as the board of directors for the Montana Department of Corrections.

Source: "Prison's Racial Disparity" by Tom Howard, *Billings Gazette*; January 14, 2001.

<http://www.post-gazette.com/headlines/20010715surveyjp3.asp>

Riverside Youth Correctional Facility Statistics for Year 2001

Admission from courts:

- 21 youth: 10 were minority (47.6 percent)
- 10 were adjudicated on misdemeanor offenses

Admissions from parole revocations:

- 11 youth: 5 were minority (45.5 percent)

Total admissions for the year:

32 (47 percent minority)

According to the latest US Census (2000):

- 28.6 percent of Montanans were 19 years of age or younger
- 90.6 percent of Montanans were Caucasian
- 6.2 percent of Montanans were American Indian

Strong Ties

By Cindy McKenzie, Acting Superintendent, Riverside Youth Correctional Facility

One weekend not long ago, I received a call from a Riverside staff member. He had just gotten off the phone with a girl who had been released from Riverside some time ago, and one whom we knew to be "on the run." The girl called from her reservation, where she had gone to be with her mother in spite of the fact that, as a child, she'd been removed from the mother's custody due to chronic neglect. Two nights before she called Riverside, she'd watched her mother die from an overdose of synthetic heroin. This young woman had been placed in too many foster homes/group homes/treatment centers to count along the way, and was ultimately adjudicated to the Department of Corrections, and yet she always ran "home."

Helping young women break the cycle of dependency and violence while trying

to enable them to remain connected to family and culture can be difficult. When developing placement plans, it is often difficult to reunite the girls with their families and put them back into their communities because of the lack of available, accessible services. Many rural areas, including the reservations, do not have the level of services needed. Family out-reach services, through which workers visit homes rather than expecting the family to come into an office, are also rare in rural areas. These are needed in the rural areas even more than they are needed in urban areas due to the pervasive lack of transportation. Including teens in after-school and weekend activities is often impossible unless the program also offers transportation.

Sometimes one of the most important services we can render in terms of the overall picture is providing appropriate intervention when children are young. Many studies show that early intervention can

have a long-term impact on the likelihood of a child's success. For example, a program that offers home visits after the birth of a baby for up to two years can help ensure the development of good parenting skills. These skills pay off when children have increased success in school and avoid delinquency. As illustrated by the story above, kids taken from their homes and families almost always try to return, no matter what kind of neglect or abuse has occurred in the family. We are all connected to our families, for better or for worse. Ultimately, the bottom line is that the family tie is very strong. The best thing we can do for our children and for our communities is to nourish that tie.

**For a related article, see page 16.*

Rural Public Health from the Inside Out

In a series of interviews with rural public health providers, several common themes emerged.

- Long distances make it harder and more expensive to attend trainings and professional meetings, many of which are in Helena.
- MetNet, distance learning and teleconferencing are promising to be really valuable tools that will alleviate some—though not all—of the problems involved in providing high quality professional development opportunities. Still, while technology is helping, it doesn't take the place of a conference where it's possible to network with others in the field.
- There aren't as many services provided as there are in larger areas because of the cost per client and the cost to meet the needs of a small and scattered population. Even so, rural public health departments are doing a really good job of meeting a wide range of needs.
- Rural public health agencies provide an extremely wide range of services geared to all ages. Typically, these include immunizations, alcohol and tobacco prevention, health screenings, aging services, school nursing, general public health, Maternal & Child Health (MCH), and WIC.
- Without exception, these agencies consider their biggest asset to be a great staff, committed to helping others.
- Rural health agencies rely on effective community collaboration and networking.
- Programs work well together, partly because there's a lot of cross-over of clients. This collaboration creates a community safety net.

From a Two-Horse to a Ten-Horse Shop

Linda Davis, Lake County Health

Some of our greatest triumphs have been expansion of our programs. We've been very successful at pulling in more funding through grant opportunities. Though this can create its own problems, it has brought us from being a two-horse to a ten-horse shop.

Some of the particular challenges I see result from the fact that public health agencies oversee a number of programs. Each one has categorical funding and its own reporting requirements. Since funding is linked to program activities, duplicative reporting can be really time consuming. All told, this has gotten to be something of a problem because we have to weave all these together and meet all deadlines. Some programs are based on the calendar year, some on the fiscal year, and some run from October to September. A lot of those pots of money aren't enough to provide for a staff person responsible for overseeing the program. It can get very complicated.

Distance and time are big rural issues. Service areas in our county alone can be 80 miles apart. Another issue can be finding qualified personnel to staff the department. Part of reason is coming up with competitive pay—since funds are limited, often we can only offer part time positions. Beyond the pay, there simply may not be many qualified available people in small isolated areas. That said, I want to add that we're very pleased with the staff we've been able to bring in. They are extremely dedicated—truly a quality bunch of folks.

Continually Amazed

Judy Lekan, Richland County Health

Some of the biggest challenges we face are physical. We're currently running about 14 programs out of our building. We have physically outgrown our space, but finding the funding for a better space is tough. Another challenge is that as administrator, I have to hire people to do direct work. There isn't much left over for equipment, travel or education.

Another challenge we face is that much of our funding is based on population instead of cost per client. Our costs per client are much higher than they would be in larger areas, but nobody reimburses that way. On a practical level that means we cannot provide the level of service that an urban health department can.

Even though we may not have the monetary resources larger areas do, in another sense, our resources are superior. Networking and collaboration are excellent in a rural area because many of us are trying to get the same things done on small budgets. We see each other at kids' sports, church and school—we're happy to work together. We also get a lot of support from local businesses. I'm continually amazed at what small business owners do for our community. I can count on one hand the number of times we've been denied help, and most businesses give us more than we ask for.

We've recently developed the Richland Health Network through a rural health grant, which networks the Commission on Aging, public health and the local hospital. Our current focus is senior health issues, including chronic disease management. We've been invited to present at the National Conference on Aging and plan to host a pre-conference seminar as a best practice.

We are involved in two main prevention efforts—one through the Montana Tobacco Use Prevention Program (TUPP) grant. Last year, on Kick Butts Day, almost every school in the county participated. About 600 3rd – 5th graders walked from the Health Department to the courthouse and back, wearing Kick Butts hats and carrying signs. We also have a Montana Abstinence Partnership (MAP) grant, which funds the PSI Program. It is geared to helping youth postpone sexual involvement. The key to the program is having high school kids talk to younger students. It's a good program, particularly because the tools can be applied to a variety of risk behaviors.

For more information about what's going on at Richland County Health, visit www.Richland.org

Time Management and Flexibility

Kathy Jensen, Sheridan County Public Health

Located in the northeastern-most corner of Montana bordering Canada and North Dakota, Sheridan County includes the towns of Plentywood, Medicine Lake, Outlook, and Westby. Our major industries are agriculture and oil production. Unlike many Montana counties, we are experiencing a loss of population due to the lack of living wage jobs. Once our kids leave, they just don't have any reason to come back.

The county only recently took over public health—prior to that, they'd been contracting for services with the local hospital. Through a Turning Point grant funded by the W. K. Kellogg Foundation and overseen by NACCHO, the National Association of City and County Health Officials, we've been able to develop an active coalition that has helped us get the word out about public health. People are starting to realize that health care affects all of us.

I work full time and I'm the only public health nurse in the county. Basically, anything that deals with public health comes through this office. The keys to success are good time management skills and flexibility. I serve as the school nurse, but I also work with our senior citizen population, do immunizations, oversee a Respite Care Program, Maternal-Child Health Grant activities, and the Health Alert Program, which deals with the threat of bioterrorism. The local WIC Program also operates out of the Public Health Office, and covers both Sheridan and neighboring Daniels counties. I work closely with the director of WIC, who is an RN, and rely on her to fill in when I am called to meetings out of town.

We work in the area of drug and alcohol abuse, and we collaborate with Daniels and Roosevelt counties in the Northeast Montana Tobacco Use Prevention Coalition, through the Montana TUPP. Among other activities, we participate in the Great American Smoke Out and in Kick Butts Day. We also have drug and alcohol presentations that we're happy to give at schools whenever we're invited. Last year, we held a Health Fair in collaboration with the local Extension Office. We're proud to say that more than 200 people attended, including preschool and grade school children.

Keeping it All Straight

Jeanne Seifert, Dawson County Public Health

Some of our biggest challenges in public health have come from inadequate funding. Here in Dawson County, we've seen a big impact from the decline of the oil fields. The population has dwindled and the tax base has decreased, which has affected the mill levy. We live in fear that if the budgets don't improve or the tax base continues to shrink, it will have a big impact on public health as we are a non-mandated service for the county.

Our department is mid-sized, so we wear fewer hats than the smaller departments. Under our umbrella, we have tobacco programs, an HIV educator, anonymous HIV testing, family planning, WIC, Maternal & Child Health (MCH), general public health and immunizations. We do all of the immunizations for the county. We provide the school nurse, who serves all of the elementary schools in the county. We also provide a variety of senior services, partner with the Department of Family Services, and offer in-home services through a partnership program. We have Eastern Montana Mental Health and Drug and Alcohol Services in the community, which allows better services than are available to many other communities our size. The biggest challenge can be keeping it all straight.

Right now, we're working on the annual health fair where we'll draw blood profiles. This is a great tool for tracking or catching high cholesterol levels, diabetes, prostate cancer, or undiagnosed heart disease. Last year we drew over 1,600 blood samples—in a community of 5,000, that's huge.

For more information on the Dawson County Health Department, visit DCHealth@midrivers.com.

20 Clues to the Survival of Rural Communities

1. Evidence of community pride
2. Emphasis on quality in business and community life
3. Willingness to invest in the future
4. Participatory approach to community decision-making
5. Cooperative community spirit
6. Realistic appraisal of future opportunities
7. Awareness of competitive positioning
8. Knowledge of physical environment
9. Active economic development program
10. Deliberate transition of power to a younger generation of leaders
11. Acceptance of women in leadership roles
12. Strong belief in and support of education
13. Problem-solving approach to providing health care
14. Strong multigenerational family orientation
15. Strong presence of traditional institutions that are integral to community life
16. Sound and well-maintained infrastructure
17. Careful use of fiscal resources
18. Sophisticated use of information resources
19. Willingness to seek help from the outside
20. Conviction that, in the long run, you have to do it yourself.

Community Links: Progress Through Partnerships. Ph VII, No. 3, Issue 12; Summer 2000. Developed and produced by the Community Policing Consortium. E-mail: Nsapubs@communitypolicing.org

These are Our Children: Disproportionate Minorities in Confinement

By Sharon Wagner

Cutting Costs

Correction institutions consume a substantial part of state budgets – in year 2000, 1 of every 14 general fund dollars in the United States was spent on prisons. This trend may be changing.

A new report suggests that Americans are shifting away from supporting imprisonment and are ready to embrace prevention, rehabilitation, and alternative sentencing approaches.

*A copy of **Cutting Correctly: New Prison Policies for Times of Fiscal Crisis** is available online at http://www.cjcj.org/cutting/cutting_main.html.*

—The Justice Policy Institute (JPI) is a research and public policy organization in Washington, DC.

The Disproportionate Minority Confinement TA Manual (2nd edition) is on-line in user-friendly format and is accessible at <http://ojjdp.ncjrs.org/dmc>

We simply cannot afford to ignore the issue of Disproportionate Minorities in Confinement (DMC) in Montana. Across the board, there are just too many Native American youth in the juvenile justice system, particularly when we look at their numbers in relation to their proportionate representation in the state's youth population as a whole. As case in point, Cindy McKenzie, Acting Superintendent of Riverside Youth Correctional Facility, recently stated that almost 48 percent of the 21 young women incarcerated at Riverside are Native American, and *all* of them recently admitted that they've experienced violence in their relationships.

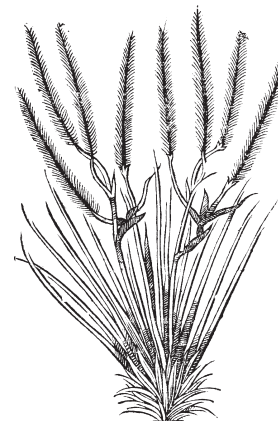
Minority overrepresentation in many of our social systems is the norm—higher than average numbers of Native American youth are in foster care and special education, for example. There are higher-than-average drop-out rates among this population as well. Although many problems have been identified and acknowledged by tribal communities, quite frankly, aftercare, follow-up services, and home involvement can be rare or non-existent. The most intensive services are often provided outside the youth's home community. In order to achieve the intended impact, intervention and/or prevention must include and involve the tribes. Optimum program performance will only come when the state works closely enough with tribes that there is understanding of the cultural context in which these children live.

Services for youth are in short supply throughout Montana. In many cases, negative attitudes about using state funds for mental health care, drop-out prevention programs, education, health insurance or juvenile justice prevention programs prevail. Put in context with rural Montana, the problem is even more exaggerated. Factor in reservation communities and it becomes more difficult yet to cross the creek, bridge or mountain range that separates county boundaries from those of the reservations.

Tribal communities are concerned because they know it is less costly to use money for prevention—and collaboration is imperative if the goal is prevention. The cycle for troubled youth is obvious at the schoolhouse, but intervention/prevention rarely starts there. Troubled youth drop out of school—mentally in the fourth grade, physically by 7th or 8th grade. They have too much time on their hands and get in trouble with the law. They enter the juvenile system and reach one or more major decision points—arrest, secure detention, petition filing and prosecution, adjudication, disposition and commitment, or transfer to adult court. At each point, intervention can already be too late.

The Disproportionate Minorities in Confinement (DMC) Sub-committee of the Youth Justice Council struggles with these issues, not just at their quarterly meetings, but on a daily basis. To the committee, predominantly Native American, these are "our" children. Collaboration among service providers, including school personnel, can impact the numbers of children reaching the juvenile system. Too simple? Try it; it might be the last, best answer that finally begins to bring the DMC numbers down.

Sharon Wagner is the mother of three teenagers and an enrolled member of the Blackfeet Nation. She has been involved with DMC for the past five years. Sharon states that she is honored to give the DMC message in this publication.



No Longer Homeless in Havre

By Kathy Lundman, District IV HRDC Administrative Officer

Until three years ago, homeless families in Havre had nowhere to go besides emergency shelters. Some would have been in the domestic abuse shelter, some would be jobless and without resources, some would just end up in Havre. Most had mental health problems. Local housing programs had two- to five-year waiting lists.

Now a Transitional Housing Program is available through District IV HRDC in Havre. Since the first client family entered the program in 1999, seven families have become employed and have moved into permanent housing where they are paying fair market rent and living in relative self-sufficiency.

Between 1995 and 1998, HRDC's Section 8 Housing Assistance Program, under the direction of Program Director Diane Savasten and HRDC Executive Directors Robert McLaughlin and Tom Bolan, developed a plan that would provide short-term housing for the homeless in combination with training in life skills. No appropriate facility for the program was available in Havre, but with the earlier closing of the radar base north of town, 1960s-era two- and three- bedroom houses became available to any area non-profit housing program that would haul them away. Funding to move the five program houses from the base into Havre and then to set them up on permanent lots came from a HOME grant.

Three families are currently participating in the program. Families applying to the program understand they must set up goals for themselves and agree to work hard to accomplish them. Rules are strict, and interaction with the case manager is intensive. If the going sounds too rough, the family chooses not to enroll.

"We're keying to people who have multiple barriers," Savasten said. "They've been evicted because they weren't paying rent, have low job and parenting skills, criminal records, or are trying to overcome

drug and alcohol addiction."

Families sign a 12-month lease to participate in the program. The lease can be extended, but 18 months is the expected limit. They can be evicted from the program if they don't follow the rules, but that's only happened once.

Case Manager Valerie Clikeman meets with the families at least once a week. Progress on goals and objectives contracted the previous week is evaluated, and a plan is set for the next week. Financial planning is a major component, but every adult is also required to take parenting classes. They must work with the state job service or with the HRDC's employment and training program. If necessary, clients are referred to Havre's adult education program for help with completing a GED. Clients

may also be referred to drug and alcohol c o u n s e l i n g . Clikeman helps clients prepare for job interviews—and nearly every other aspect of daily life.

Clients pay 30 percent of their income for rent while they're in the program, as they would

if they were in federally-subsidized housing programs. Families must include children. The number of people in the house is determined by its size, but each adult must agree to the conditions of the program.

Rules include no alcohol, pets, firearms, or illegal activities by anyone in the home; no overnight guests without prior approval; all vehicles must be on file with the case manager, parked appropriately, registered, and in working order. Courtesy must be extended to neighbors and a neat and attractive house and yard must be maintained. Detailed housing inspections are done monthly.

One challenging success story involved a couple, both of whom were overcoming drug, alcohol, and gambling addictions. "They had to spend every check when it came into the house," Clikeman said. "They couldn't fathom saving for bills. Absolutely not."

The family is now intact, both adults are employed, and they have purchased a

mobile home, but it didn't happen overnight.

"She went to (drug abuse) treatment, we took over their checks," Savasten said. "He said, 'No way,' and left. We paid the bills, handing out small allowances so she could get accustomed to not having huge amounts."

"We made out shopping lists, went shopping together, did everything," Clikeman added. "Now she says, 'I still think back on all that training we did, and I can do it.'"

The couple eventually reunited.

"It was incredibly hard, but those two have got it together now," Clikeman said.

The program application and contract were designed with specific expectations so that people would know what they were getting into. "We remind them of that, many times," Savasten said. "We pull out the contract and say, 'We agreed to this, remember?'"

The program takes work on everyone's part. "People don't realize how hard it is to have someone involved in every aspect of your life," Savasten said. "It's not easy when you've been out of control."



Transitional Housing

THIRTY YEARS OF RURAL HOUSING—Celebrating Housing Assistance Council's 30th anniversary, the latest issue of "Rural Voices" magazine reviews the development of the rural housing network, population changes, and more.

<http://www.ruralhome.org>

The Florence Crittenton Home & Services

Reflections

Pat Seiler, Executive Director of the Florence Crittenton Home and Services, interviewed several residents who come to the home from rural communities. Their experiences are as varied as the rural communities they come from. For some, teen pregnancy can be a difficult experience, a time of embarrassment and pain—for themselves and for their families. Others said that they'd felt acceptance and support. Those who have limited family resources expressed the greatest struggles with living in a rural community, but many talked about the lack of resources—no WIC, limited job opportunities, limited day care, no chemical dependency treatment. Compounding the deficits was an overarching poverty and lack of transportation.

These young women shared that as pregnant or parenting teens, they've felt very alone. They also shared how difficult it is to change the perceptions of others as they attempt to choose new life paths for themselves and their children. This can be particularly difficult when it comes to changing friends or making different choices. For many, the lack of healthy support seems to typify the rural experience. Without a feeling of community, the challenge for pregnant or parenting teens is compounded.

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The Florence Crittenton Home first opened its doors to Montana's adolescent girls in 1900. In the past 102 years, it has seen many changes. Although it continues to serve pregnant and parenting teens in a residential setting, these days the home also provides a moderate-level therapeutic group home for non-pregnant girls. The programs operate independently, but both are based at the new facility built in 1996.

The mission of the Florence Crittenton Home and Services is to serve young, pregnant women, parents, their children, and non-parenting adolescents. The home provides opportunities through education, recovery and accountability, thus helping young women build healthy and productive lives. The age of the clients served is 12 to 18 years, and each home serves a maximum of eight girls. Although the Florence Crittenton Home is located in Helena, it serves all of Montana, and girls come in from all over the state. Many of the referrals come from rural communities. Approximately thirty percent of the girls served are Native American.

"There is no question that the young women in our care today are more troubled than they were years ago. Then they came to the home due to social mores surrounding the issue of teen pregnancy," explains Pat Seiler, the new Executive Director of Florence Crittenton. Seiler took the helm in May, returning to the world of Human Services after owning her own businesses for over twenty years. Seiler explains that her years in private business have helped her put the importance of accountability to the clients served in perspective. "Although we are focusing our efforts on the therapeutic needs of the girls in our care, we also remember that the referring agency is also, in a sense, our customer. They are counting on us to deliver the best possible services for the adolescent girls they send to our facility," says Seiler.

The Florence Crittenton Home is the only licensed maternity home in Montana. The maternity home and the moderate level therapeutic group home provide structured, monitored, 24-hour residential environments that promote physical safety, targeted learning experiences, exploration of fam-



ily issues and therapeutic services. Both programs have full-time case management on-site.

The prenatal program accepts adolescent girls at any stage of pregnancy. In a drug- and alcohol-free environment, clients study prenatal care and nutrition. They receive counseling in adoption and life choices, as well as group and individual therapy. For the young women who choose to parent their children, the residential parenting program stresses parental education, training, modeling, attention to the bonding process and, when necessary, direct intervention.

Therapeutically, the maternity home focuses on bonding and attachment issues for the women who choose to parent. A staff member works individually with each girl and her child—and with each pregnant teen—on a weekly basis. Those sessions focus on areas that need strengthening and may include positive touch, play, consistent responsiveness and attunement. Basic baby care and parenting issues are addressed individually as well as during weekly parenting classes. The program receives support services from mental health therapists in the community, an adolescent outpatient chemical dependency program, the Helena Indian Alliance and other local human service organizations.

The assisted living group home serves teen girls with multiple issues. The group home balances a relationship-based behavioral modification program with a focus toward building healthy relationships and making healthy life choices. Education is an important component in both the maternity and the therapeutic group home programs. Many students who come to Crittenton test at a second or third grade level. Often, their education has been interrupted or dismissed as unimportant in

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Florence Crittenton

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the fight to survive. When these young women obtain high school diplomas or GEDs, their prospects for success are greatly enhanced.

Tutors are available. Florence Crittenton received a recent grant from the Montana Community Foundation to install a computer laboratory. With the help of community volunteers, the residents will become computer literate and thus more capable of obtaining higher paying jobs. A licensed, on-site nursery is available to care for infants and toddlers while their mothers continue their educations. Construction is underway to expand the nursery and to add more equipment for early childhood development activities. A new program has been developed in which volunteers from the community come into the nursery and spend time nurturing the infants.

"We have seen tremendous results from this added service to the infants in our care. Several of the senior citizens who participate have shown tremendous compassion to the teen mothers. In actuality it has become a win-win situation for all three generations," says Seiler.



Both homes stress training in independent living skills. The Florence Crittenton Home has two on-site apartments where girls, 16 years and older, can practice the life skills they have learned. The program focuses on skill building in areas of domestic life, healthy relationships, budgeting and finance, job skills and the appropriate use of community resources.

"We have come a long way in the level of treatment we offer," says Seiler. "When I read the news releases written about the Florence Crittenton Home in the 1950s, it's easy to see what a different population of

young women we are now serving. In those days, many of the girls came from supportive families. They were not teens at risk, as they are today. They had not been through multiple foster home placements, they had not been physically and sexually abused, and emotionally, they were far healthier. Today we are treating very troubled young women in both of our homes. It is not easy, but our staff is committed to a treatment program that gives every girl a chance to heal and move forward with a better chance of success."

The best testimony to any program is from those whose lives have been touched by that program. Below, Pat Seiler shares an e-mail note she received in July:

"Hello, I was a resident of Florence Home in the mid 1990s. I was 14 when I got there, and soon after gave birth to a baby boy. I guess the reason I am writing this letter is to express my gratitude for all of the wonderful staff there. Without the guidance they gave me, I would not be where I am today and neither would my son. Since I graduated from the independent living training program and moved back to Billings, I was forced to make a big change in my life. My decision was to place my son with a loving family in an open adoption. Now, five years since leaving Crittenton, I know that I could not have made such a good decision without the teaching of your staff. I now live in another state and I am working full time. I hope that some of the same people are still working there and you are able to read this to them and they understand my thanks. If not, please share it with the current staff so they know that they have a very important role in many girls' lives."

For information or to make referrals, contact the Florence Crittenton Home and Services at 901 No. Harris, Helena, MT 59601, phone: (406) 442-6950, e-mail: mothers@initco.net



Reflections (cont'd)

A girl from a community of 1,000 shared, "I know if I go back home, I will get into all the bad stuff again. I have been friends with my friends since we were kids. I can't just change them. I just can't go home if I want to make a different life for my baby."

Another teen from a community of 1,500 wrote:

"My name is Beth and I am 15 years old. I came to Florence Crittenton Home in June of 2001. It has been a very great success for my son and I. My son is 8 months and is a very healthy child. I came from a very small town. While I lived at FCH I had a counselor and went to Boyd Andrews. It has helped me out so much to recognize what I have done in the past. FCH provides you with a lot of help like a case manager, parenting teacher and people to help you understand and help you with your problems. When I return to my small community I will take back with me my great parenting skills that FCH has taught me. I would recommend FCH for those young mothers in need."

Q: What is a Court Appointed Special Advocate/Guardian ad Litem (CASA/GAL)?

A: A CASA/GAL is a trained community volunteer who is appointed by a judge or magistrate to advocate for the best interests of abused, neglected, or dependent children in court proceedings.

Q: What does the term "Guardian ad Litem" mean?

A: Guardian ad Litem (GAL) is a legal term that literally translates to "for the lawsuit." A guardian ad litem is a temporary guardian for the duration of a court process. A guardian ad litem is not the same as a legal guardian. A guardian ad litem advocates for a child's best interests, but does not function as a child's attorney and does not provide direct social services to the child.

Each of these programs has one goal in mind: representing the best interests of abused or neglected children. Without exception, all of these programs need volunteers. All are worthy of your good will, best thoughts and support, both monetarily and through volunteerism. Their commitment and hard work for our children truly is a reflection of all that is right and good in the citizens of Montana.

Call today to see what you can do!

CASA/GAL

By Doug Dellwo, State Coordinator
CASA/GAL of Montana

CASA/GAL of Montana is an association of 14 small non-profit organizations and two currently-forming organizations whose mission is to improve the representation for children involved in abuse and neglect proceedings in Montana courts. These organizations provide volunteers who serve as Court Appointed Special Advocates for children involved in abuse and neglect proceedings in district courts. As a statewide organization, CASA/GAL of Montana provides technical assistance and training to new and existing programs. The primary role of this organization is the facilitation and coordination of information sharing and networking among the local programs. CASA/GAL of Montana links local programs and helps create a unified approach to programming throughout the state.

CASA/GAL Programs

Central Montana CASA/GAL—Lewistown
Eastern Montana CASA/GAL, Inc.

CASA CAN Children's Advocate Network—
Great Falls

CASA of Missoula, Inc.

The Confederated Salish and Kootenai
Tribal CASA Program

Gallatin County CASA/GAL Program,
Inc.—Bozeman

CASA Advocates for Kids—Helena

Northern Cheyenne CASA—Lame Deer
17th Judicial District CASA/GAL of Mon-
tana—Malta

Yellowstone County CASA/GAL—Billings

Front Range CASA/GAL—Choteau

Black Feet CASA/GAL—Browning

CASA for Kids—Kalispell

Havre CASA/GAL

Two additional programs—one in Livingston and one in Corvallis—are in the process of forming.

Building Endowments the MCF Way

Bill Pratt, Montana Community Foundation (MCF) Program Director, told Montana's story at "Covering Rural Territory: Affiliate and Alternative Structures for Rural Development Philanthropy," a workshop sponsored by the Community Strategies Group of the Aspen Institute of Washington DC. Pratt's presentation focused on the guidelines and principles the Foundation uses to help build its local community foundation affiliates. The conference explored six types of rural affiliate development service structures, and provided participants with opportunities for in-depth discussion with presenters, problem-solving opportunities, and the chance to reflect on the state of rural development philanthropy.

MCP has a long relationship with the Aspen Institute, which provided technical assistance throughout the Ford Foundation's *Rural Development and Community Foundations Initiative*. The initiative provided grants to three "Beacon Communities"—Broadus, Browning and Scoby—to improve the economic security of rural families. These communities raised matching funds to create local community foundations affiliated with MCF and built permanent community endowments. As part of the initiative, Montana businesses, foundations and others built the Montana Renaissance Fund, which makes grants designed to continue the initiative's work.

Bill Pratt states that established prevention organizations (especially those with facilities) should seriously consider establishing permanent endowments—especially in light of the fact the Montana Endowment Tax Credit will be in effect for six more years.

For more information, contact Bill Pratt at 406-443-8313, 406-459-2395 or bill@mtcf.org.

Opportunity Knocking

The Montana Arts Council's Artists in Schools and Communities program supports a wide range of residencies by professional working artists. Grants are awarded to not-for-profit, governmental or educational organizations in Montana.

The Arts Council will consider granting up to half the residency cost to a maximum of \$500 per week for an individual and \$1000 per week for companies. Title I, Class C schools and small rural schools under the supervision of a county superintendent are eligible for up to two-thirds support.

Deadlines are ongoing. Please apply six weeks in advance of your short-term residency or three months in advance for a long-term residency or requests of \$2,000 or more. You may apply by telephone for Artists Visits (one to four days). Download an application, get answers to frequently asked questions and look at the artists on the registry by visiting the website at www.art.state.mt.us.

If you have additional questions, contact Beck McLaughlin, Interim Director of Programs, at the Arts Education Hotline 1-800-282-3092.

Life After Public Assistance



A groundbreaking study of Montanans who have left public assistance reveals that jobs are plentiful throughout the state, but almost entirely at wages that won't lead to self-sufficiency.

If state government is to fulfill its goal of helping residents achieve and maintain a self-sufficient household income, more must be done to assist recipients after they exit the public assistance system, according to the report commissioned by the Montana Department of Public Health and Human Services. Montana was among the nation's leaders in the last decade at seeing residents move from public assistance to employment.

Montana FAIM Evaluation: An Assessment of Welfare Reform in a Rural Setting provides detailed insight into an issue that many state leaders and low-income advocates have pondered since welfare reform in 1996: *What happens to residents who leave public assistance programs?*

FAIM (Families Achieving Independence in Montana) is Montana's cash public assistance program for low-income families. FAIM provides time-limited cash benefits, assistance services and incentives designed to promote family self-sufficiency.

"One of the most telling aspects to me is the high degree of hours worked in all

parts of the state," said Hank Hudson, administrator of the DPHHS Human and Community Services Division. "This information confirms that we have a hard-working, dedicated workforce regardless of their economic status or residence, but they are struggling because of low wages. This gives us more reason to continue to try and address that aspect."

The study is based on state and federal records, as well as lengthy in-person interviews with 1,090 Montana residents, including 370 households on reservations. All

"... the level of work effort by the family heads in the evaluation sample, most of whom are single parents, is very impressive by virtually any standard," the report states. However, compared to the rest of the nation, Montana wages are low, averaging less than \$7 per hour, and many jobs are without benefits.

Montana FAIM Evaluation: An Assessment of Welfare Reform in a Rural Setting

those surveyed participated in FAIM between its start in 1996 and March 2000. Fifty-four percent of those who left the program did so because they found work, and almost 68 percent of those leaving FAIM did so voluntarily, according to the report. Of those who left involuntarily, 32 percent did so because of increased earnings.

The study is the first of a two-part project expected to conclude later this year. For more information, contact Hank Hudson at 444-5901 or Roger LaVoie at 444-1959.

Welfare Reform in Rural America

The latest issue of *Rural America*, a publication of the Economic Research Service, is devoted to welfare reform.

See: <http://www.ers.usda.gov/publications/ruralamerica/ra163/>

Speaking for America's Children

Survey the nation's leading state child advocates and you'll find a common agenda for 2002 for improving economic security for families and educational opportunities from preschool through secondary, but wide-ranging priorities on other issues.

<http://www.childadvocacy.org>

Economic Status and Health in Childhood

The Joint Center for Poverty Research reports that health gaps between affluent and poor children, even with the same chronic conditions, becomes more pronounced over time as the children age and enter adulthood.

http://www.jcpr.org/newsletters/vol5_no5

Early Intervention for Developmental Disabilities

Children from birth to age three, who have a condition that usually results in developmental delays or who already show serious delays in one or more developmental areas are eligible for Developmental Disabilities Services. Under Montana's Part C Early Childhood Intervention State Plan, early intervention services are home-based or delivered in the setting that the family is most comfortable in. Families are not required to take part in early intervention programs—involvement is voluntary. Developmental Disabilities Services contractors serve children and their families throughout Montana. Coordination of services is provided through local child and family service providers.

— In June 2000, 1,796 children statewide were receiving developmental disabilities services statewide.

Early intervention services are based on the needs of the child and the needs of the family. All of the needs identified for a child and family are included in an Individualized Family Service Plan (IFSP). A variety of local programs and professionals may be used to provide the needed services. Services provided might include home visits, parent and child education programs or private therapies.

Children usually transition out of early intervention services at age three. Eligible children transition into services provided through the local school district. Other service options include continuing services with the child and family agency, looking for a community preschool program, or service through a child and family service agency and the local school district.

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Toward Self-Sufficiency

The Self-Sufficiency Standard measures how much income is needed to make ends meet and to assess the success of employment and training programs.

“The Self Sufficiency Standard for Montana,” by Diana Pearce, Ph.D. and Jennifer Brooks, January 2002, was prepared for Working for Equality and Economic Liberation (WEEL). Pearce’s report charts the earnings needed to pay for housing, food, childcare and other necessities. The cost of living was examined in cities across Montana to determine the amount of money needed to maintain a decent standard of living—and to avoid choosing between basic necessities. Sample results included:

- A single parent with one preschooler needs to earn \$11.02/hour in Flathead County, while in a two-parent family, each adult must earn \$8.56/hour to be self-sufficient.
- Bozeman ranked the highest for the amount of income needed. A single Bozeman mother with a preschooler and one school-age child needs \$17.50/hour to make ends meet with-

out government or charitable assistance.

- Rosebud County ranked the lowest, with a single mother of two needing to earn \$12.42/hour.
- If a single mother in Billings takes advantage of subsidized housing, food stamps, state-funded childcare and the state children’s insurance program, her needed hourly wage drops to \$8.04/hour.

John Gardner, Director of Flathead County Office of Public Assistance, said the self-sufficiency income levels listed in the study are considerably higher than average hourly wages in the Flathead Valley. “Our experience is that very few families make that amount,” he said. “If you’re making \$13.52/hour, that’s an awfully good-paying job here.”

For more information, see:

<http://www.sixstrategies.org/sixstrategies/selfsufficiencystandard.cfm>

<http://www.sixstrategies.org/files/MT%20full%20report%20final.pdf>

or contact kkahan@weelpowers.org

¹ Hintze, Lynnette; Report: “Single mom of two needs \$13.85/hour to get by.” *The Daily Inter Lake*. 1/30/2002.

Carole A. Graham Home: For Women and Their Children

By Cindy Buesing and Emily Wachholz

The idea for the Carole A. Graham Home originated almost seven years ago with Carole Graham, Director of Public Assistance. She predicted that welfare reform would have a significant impact on people struggling with chemical dependency—especially women. Many women simply don’t get the help they need to address their chemical dependency because that often means being separated from their children. The time clock placed on public assistance benefits also puts pressure on these women to return to work—pressure that is only amplified by barriers to treatment. The Carole A. Graham Home

opened in the summer of 2000 as a culmination of the collaboration between Turning Point, DPHHS, and other community service agencies.

The purpose of the Carole A. Graham Home is to keep families together. Addiction is a family problem and the best prevention strategy is to create an emotional attachment between parents and their children. This reduces the risk of continuing this pattern. The Graham Home assists parenting women in recovery and simultaneously provides critically-needed support to the family. This program is geared to economically disadvantaged women, allowing them, along with their children, to

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Carole A. Graham Home

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receive long-term residential chemical dependency treatment. A successful graduate spends an average of eight months at the home before moving into independent housing. After moving, women come back for continued support and to serve as role models for current residents.

Women who come to the home receive intensive on-site treatment services that include three main components. The first is an extensive curriculum on addiction, recovery, and relapse prevention. The second interweaves case management services for adults and their children. Throughout treatment, there is a strong focus on life skills training, which includes budgeting, vocational training, and assistance with the transition to independent housing. Moms are consistently encouraged to develop the skills needed for self-sufficiency. The third component is parenting, which includes assessment, intervention and ongoing support to improve parenting skills. The staff assists the moms with establishing bedtime rituals and provides frontline support for new strategies in nurturing and using appropriate consequences.

A weekly recreation group for families encourages them to have fun together. Families have gone bowling, ice-skating, on picnics, to movies and the fair, and have worked on craft projects. Last summer marked the first annual camping trip. Families achieved new levels of bonding as they figured out how to work together to get tents up in the rain! Later, moms and kids alike enjoyed digging for crystals and camping in the mountains.

Our experience at the Carole A. Graham Home has demonstrated the need for this type of facility. Our graduates leave the home with solid recovery programs, enlarged community support systems, improved parenting abilities, increased self-esteem and the skills they need to become self-sufficient. But there is no better way to describe the experience at the Carole A. Graham Home than letting the women share their stories. The following are excerpts of letters written by some of our graduates.

.....

"My life was a terrible disaster. I had gone to inpatient treatment and it wasn't enough for me after using drugs and alcohol for 25 years. Thirty days just wasn't enough treatment. If I hadn't come to the Carole Graham Home, I would probably be in prison. The doors are open if I need anything I can go back. If I'm stressed out I can go there and talk about it. It helps to have somewhere to go."

.....

"I am a single mom to a three year old son. I believe very strongly in this program and I feel that I have greatly benefited from the help I have received. They offer single moms an opportunity to become responsible citizens and better parents and I am grateful for being able to receive the help I need without being separated from my son. My life has been enriched because of the Carole Graham Program and I feel I have been given a wonderful opportunity to make positive changes in my life."

.....

"I am an alcoholic and a mother of three children. I ended up in the hospital with liver and kidney failure and alcoholic hepatitis. My family and children were told I was going to die. My children came and said goodbye to their mom. The Carole Graham Program made it possible to reunite with them and to hold them in my arms again. In the past ten months I have learned so much about my disease of alcoholism. I have learned to deal with my feelings as I encounter them. I had no idea how to start over with a new life and to deal with all of the mistakes I had incurred in the past. My children and I now are able to show each other respect and love because of this program. It's the best thing that I've ever done for my family. I thank God for putting Carole Graham Home in my path."

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For further information call 406-549-8309 and ask for Cindy Buesing, Program Supervisor, or Emily Wachholz, Adult Case Manager. You can also e-mail: cbuesing@wmmhc.org

Early Intervention

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In Montana, seven child and family services providers contract with the Department of Public Health and Human Services to provide developmental disabilities services in five regions. Evaluation and diagnosis clinics are provided by the Developmental Educational Assistance Program (DEAP) in Miles City and the Comprehensive Developmental Center (CDC) in Missoula. For more information, contact the service provider nearest you.

Early Intervention Services— Provider Agencies:

Developmental Educational
Assistance Program (DEAP)
Miles City, MT 59301
406-232-6034

Hi-Line Home Programs, Inc.
Glasgow, MT 59230
406-228-9431

Quality Life Concepts
Great Falls, MT 59403
406-452-9531

Support and Techniques for
Empowering People (STEP)
Billings, MT 59102
406-248-2055

Early Childhood Intervention (ECI)
Lincoln Education Center
Billings, MT 59101
406-247-3814

Family Outreach Inc.
Helena, MT 59601
406-443-7370

Comprehensive Developmental
Center (CDC)
Missoula, MT 59804
406-549-6413

Housing Application Workshops

During the spring of 2002, the Community Development Division and the Housing Division of the Department of Commerce will jointly sponsor a series of workshops designed to familiarize local governments and organizations with CDBG, HOME and other programs that provide housing assistance to low and moderate income individuals. The workshops schedule is as follows:

Wednesday, April 17 &

Thursday, April 18 – Hamilton

Wednesday, April 24 &

Thursday, April 25 – Havre

Tuesday, May 7 &

Wednesday, May 8 – Miles City

For more information contact:

Gus Byrom 444-4477 or

Connie Onstad 444-0094

The Montana Department of Commerce administers CDBG and HOME, and both are funded by Congress through the U.S. Department of Housing and Urban Development (HUD). More information is available on the Department of Commerce website at <http://commerce.state.mt.us>.

CDBG & HOME

By Gus Byrom and Connie Onstad, Department of Commerce

The Community Development Block Grant (CDBG) is a competitive grant program designed to help communities of 50,000 or fewer residents address their most critical housing, public facilities, and economic development needs. CDBG housing grants assist communities in providing decent, safe and sanitary housing at an affordable price to low- and moderate-income residents. Applicants must document that a minimum of 51 percent of the non-administrative funds requested will be used for activities designed to meet the identified needs of Low and Moderate Income (LMI) residents. Eligible applicants include towns and cities with fewer than 50,000 residents, counties, and local governments. Any of these governmental entities can apply on behalf of nonprofit organizations or special-purpose governmental agencies, but the local government receiving the grant assumes ultimate responsibility for the funds.

During the 1980s, the City of Missoula received a CDBG grant used to acquire land and to clear the site at the location of the former Shady Grove Motel. Afterward, the city successfully worked with Accessible Space, Inc., a non-profit organization, to obtain grant assistance from HUD. These funds were used to construct several facilities providing housing for disabled persons.

There are a number of eligible CDBG housing activities, including: acquiring, clearing, or rehabilitating sites or structures for use or for resale; converting nonresidential structures to residential use; financing or subsidizing the construction of new residential units; weatherization and energy conservation activities; providing homebuyer assistance; and community revitalization or blight removal activities. A center primarily serving persons with disabilities, daycare centers or daytime treatment facilities could also be submitted to the CDBG Program under the Public Facility category.

The primary purpose of the HOME Investment Partnerships program is to expand the supply of decent, affordable housing for low- and very-low income Montanans. This program provides grant funds to eligible local governments, local housing authorities, and Community Housing Development Organizations (CHDOs). Eligible HOME projects include acquisition, new construction, reconstruction, rehabilitation, tenant-based rental assistance, homebuyer assistance, transitional housing and single-room occupancy units.

Specific criteria apply to project activities. They must benefit Montanans at or below 80 percent of Area Median Income. Activities must assist in the preservation of existing or the construction of decent, safe, sanitary, and affordable housing in areas of greatest need. HOME projects are subject to per-unit subsidy limits and a \$1,000 minimum HOME fund investment per housing unit. Preference is given to those projects that provide the greatest number of qualified affordable units for the lowest amount

of HOME funds allocated, while serving the lowest income Montanans. HOME funds can be used for either urban or rural areas, and applicants are encouraged to take innovative approaches to cost-effective planning, design, construction, energy efficiency, and financing. Preference is also given to applicants showing readiness to proceed.

Grants for CDBG and HOME are awarded through competitive annual processes. In both cases, funding is very limited, with grant ceilings of \$500,000 for 2002 CDBG and HOME housing grants.

Potential applicants are encouraged to contact Gus Byrom of CDBG (444-4477) or Connie Onstad of HOME (444-0094) for more information.

The Montana Collaboration for Youth

By Kirk A. Astroth, Ph.D.



We often hear that communities would be better served through collaboration and partnership as versus competition and duplication of services. Well, a group of the state's largest youth development organizations have banded together to create this kind of synergy and teamwork.

A little more than a year ago, ten statewide youth development organizations joined together to form an alliance—the Montana Collaboration for Youth. Our goal was to provide a collective voice designed to improve conditions for Montana youth through shared knowledge, the promotion of best practices in youth development, and the leveraging of multiple talents and resources to advocate on behalf of and with youth. We are dedicated to engaging Montana's youth through proven youth development practices.

We are a group of well-established, successful youth development organizations that have been in your communities for decades, and will be there in the decades to come. We are:

- Montana 4-H,
- Big Brothers & Sisters,
- Girl Scouts,
- Boy Scouts,
- YMCA,
- YWCA,
- Montana Recreation & Parks Association,
- Healthy Communities/Healthy Youth Initiative of Montana, and
- Montana Council for Families (the state affiliate of Prevent Child Abuse America).

Through our collective efforts, we hope to raise awareness of and support for the youth development profession.

We came together to model and actively increase community coordination and collaboration to meet the developmental needs of all youth. Coordination of services to youth is even more critical in a state like Montana, where geographic expansiveness creates special challenges. Many boys and girls are growing up in rural communities where resources and services are

limited or unavailable. Coordination of public and private resources through existing youth organizations can help assure that these limited resources go further. By providing coordinated services through established organizations with local roots, we can reduce the isolation of youth in rural communities. As a group, we work to maximize limited resources and provide the sustainability so critical to creating long-lasting impacts.

We believe all youth should have the opportunity to access services, resources and programs that promote optimal development. Our programs are grounded in positive youth development, a process that prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences. By becoming engaged as active participants and leaders, youth become socially, morally, emotionally, physically and cognitively competent. Our programs strengthen and enrich the ability of families to raise healthy children, productive workers and responsible citizens.

The results from the recent County Conversations on Youth Development in the 21st Century, sponsored by 4-H, show that there is a common need in communities statewide for a major expansion of community-based programs and services that support positive youth development and asset building. The member organizations of the Montana Collaboration for Youth have the presence, the sustainability, the programs and the access to thousands of volunteers and youth in every county. We stand ready to partner with those committed to improving conditions and enhancing social justice for all youth.

We invite other youth development organizations to join us. For more information, contact Kirk Astroth, Ph.D., 4-H Department, (406) 994-3501 or kastroth@montana.edu.

The Heartland Center for Leadership Development

The Heartland Center for Leadership Development is an independent, nonprofit organization developing local leadership that responds to the challenges of the future. A major focus of the Heartland Center's activities is practical resources and public policies for rural community survival.

Based in Nebraska, the Heartland Center was organized in 1985 by a group of Great Plains leaders as an outgrowth of Visions from the Heartland, a grassroots futures project. Today, the Center is known throughout North America for its field research on Clues to Rural Community Survival and for its hands-on programs in community leadership development.

Heartland Center programs and publications stress the critical role played by local leadership as communities and organizations face the challenges associated with changing times. Programs of the Center emphasize that local capacity is critical—and renewing local leadership essential—as towns, cities and states work to remain competitive today and in the future.

<http://www.heartlandcenter.info/>

Governor's Awards for School-to-Work Excellence

- Anaconda
- Colstrip
- Great Falls
- Saco
- Westby
- Belgrade
- Columbus
- Harlowtown
- Stevensville
- Winnett

Semi-finalists

- Fairview
- Hobson
- Jobs for Montana's Graduates
- Lodge Grass
- Park City
- Shields Valley
- Terry
- Hamilton
- Huntley Project
- Missoula
- Plenty Coups
- St. Ignatius

Families Without a Phone

*What does poverty look like? Kids
Count profiles families living in remote
rural areas or tough urban neighbor-
hoods without a phone.*

[http://www.aecf.org/kidscount/
snapshot.pdf](http://www.aecf.org/kidscount/snapshot.pdf)

What's Working? School-To-Work

*By Desiree Taggart, Workforce Development Officer
Governor's Office of Economic Opportunity*

School-to-Work opportunities are for all students including at-risk, out-of-school and academically-talented students. Though School-to-Work federal funding is fading away, the practices are alive and well. Of 120 local grants, approximately 90 went to rural Montana communities.

The three components of the School-to-Work system:

- School-based learning;
- Work-based learning; and
- Activities connecting the two.

School-to-Work was a federal grant-based program designed to take on a different look in every community and school. Partnerships between educators, employers, labor representatives, students, parents and the government are based on the resources of participating communities.

Montana envisions a comprehensive career-connections system that will ensure high-level learning, employability, and economic self-sufficiency for all Montana youth. While Montana's School-to-Work system provides a framework, local communities determine how to most effectively utilize their resources for continuing success. Widely collaborative efforts ensure the integration of the school-to-career concepts. The good news is, it's working!

For more information, contact:

*Arlene Parisor, Ph.D.
Director of Workforce Development
Office of the Commissioner of Higher
Education
444-0316 or
aparisor@ocche.montana.edu*

Editor's Note: Watch for more on School-To-Work in the next issue.

The Women's Resource Center

By Amy Heikens, Administrative Advocate, Glasgow, Montana

Domestic violence is an increasing problem in our rural communities. The Women's Resource Center (WRC) was formed by a group of concerned community members who saw the lack of resources for individuals within rural Northeastern Montana. The center was established in 1993, and in 1998, the WRC received its first grant to provide assistance to victims of domestic and sexual violence. At this point, the WRC provides services in Valley, Daniels, Sheridan, and Phillips counties.

The Women's Resource Center of Glasgow is a non-profit organization primarily assisting victims of domestic violence and sexual assault. Services include a 24-hour crisis line, assistance with Orders for Protection and legal advocacy. The organization also provides volunteer opportunities, as well as information on dating violence, stalking, child and elder abuse. A resource library is available where books can be checked out. In addition to sponsoring a men's non-violence group, two of the WRC programs focus on youth—the Girl Talk/Boy Talk Program and the RESPECT newsletter.

Girl Talk/Boy Talk targets teens in grades 7-12. Information is presented at each session, on topics such as dating and sexual violence, hate crimes, stalking, self image, and self harm. Boys and girls are separated and grades combined into 7/8, 9/10, 11/12. Index cards are passed around and students are encouraged to ask a question pertaining to the topic at hand. Students' questions remain anonymous. This program was given to various schools last year and has received excellent response from students and administrators.

The RESPECT (Responding to Ending the Silence & Protecting Each other Courageously Together) newsletter was developed to provide students in northeastern Montana a voice in support of non-violence. The newsletter will be created by students and produced by the WRC. Each issue will cover topics of interest to teens, with an emphasis on those relevant to non-violence and respect.

The RESPECT newsletter will be posted on the WRC website www.thewrc.org and opinions and views can be expressed via email at women@nemontel.net

Jobs for Montana's Graduates: Connecting with Rural Schools

What school-to-work program is currently serving students in 41 high schools and two out-of-school programs in Montana? What program helps students make career decisions and stay in school through graduation? What program teaches employability skills, offers students a nationally recognized career association membership, provides a 12-month follow-

RESULTS

Performance outcomes for the class of 1998-1999:

- 90.2% of JMG students graduated
- 87.8% of the graduates entered employment, the military or post-secondary education
- 82.76% of non-seniors returned to school
- \$5.91 average wage at placement

up to facilitate transition into the labor market or post-secondary education, and allows students to serve their communities through volunteer activities? The answer is *Jobs for Montana's Graduates*.

Jobs for Montana's Graduates is part of many rural communities in Montana, and present in nine reservation schools. One of the greatest assets of this program is its flexibility to serve communities with diverse needs and populations. All of the programs share the ability to help students stay in school and make better choices about life after high school. Under the guidance of a job specialist, students learn 37 competencies in career planning, decision-making, job seeking, job retention, basic academic skills, leadership and self-development and personal skills. JMG students also participate in a student-run career association through which they plan and complete an annual program of work with leadership, career, civic and social components. The job specialist assists students in setting and accomplishing post-secondary goals and helps students find positions with advancement potential when they choose to enter the labor market. In addition, job specialists provide 12-month follow-up activities designed to smooth the transition to additional training or work.

JMG provides classroom instruction and work-based learning opportunities to students in grade nine through twelve and high school dropouts ages 16-18. Opportunities are designed to enhance career awareness, remediation, self-esteem and work readiness. The JMG process identifies young people who can benefit the most though participating in JMG and prepares them for meaningful career-oriented jobs. Students are matched with community job opportunities and provided with long-term follow-up to facilitate successful transitions from school to work.

JMG serves

- Students having difficulty staying in school.
- Students needing career exploration to identify a career path.
- Seniors most likely to be unemployed at graduation.
- Students who frequently
 - have absenteeism or school suspensions;
 - have little or no work experience;
 - have limited social and communications skills;
 - score average or below academically;
 - have no specific plans after high school graduation;
 - are at least one year behind their modal grade;
 - have friends with limited educational expectations (i.e. they do not expect to graduate from high school or have already dropped out).
- Students enrolled in the Montana Youth Challenge program have dropped out of high school and are aged 16-18.

If you would like additional information about the program, contact Lorelee Robinson, Montana State Coordinator at (406) 444-2534.

DAYMINDER

The Association Of Fundraising Professionals Billings, Montana Chapter provides networking opportunities and education to all interested in fundraising. Meetings are held the 2nd Thursday of each month at the Petroleum Club, 12:00 – 1:30 at the Sheraton Hotel. Upcoming meetings:

April 11—Nuts and Bolts of Direct Mail;

May 9—Maximizing Media Coverage for Little or No Cost;

June 13—Achieving Fund Raising Goals to Survive.

Make reservations by calling 237-3600 or by e-mailing linda.baugh@svh_mt.org.

The Prevention Resource Center and the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services attempt to provide reasonable accommodations for any known disability that may interfere with a person participating in this service. Alternative accessible formats of this document will be provided upon request. For more information, call AMDD at (406) 444-1202, 1-800-457-2327 or the Prevention Resource Center at (406) 444-5986.

Audio Teleconference Series

March 21, 2002, 3:00–4:15 p.m. ET

State Spotlights: Nevada and Virginia—As a new addition to our teleconference topics, we will highlight States' accomplishments in enforcing underage drinking laws, addressing youth access issues, and reducing problems related to alcohol.

Representatives from Nevada and Virginia will discuss how they developed and implemented innovative strategies and policies to reduce underage drinking in their communities.

April 18, 2002, 3:00–4:15 p.m. ET

High School Policies and Community Involvement—High school staffs are strong allies in reducing underage drinking problems and youth access to alcohol. Some high schools have gone beyond basic school policies and joined broader community efforts. During this teleconference, listeners will hear how high school staff members have worked with law enforcement officials, set up party prevention hotlines, and much more to provide safe learning environments in the school and in the community.

May 21, 2002, 3:00–4:15 p.m. ET

Addressing Underage Drinking in Rural and Bush Areas—Rural areas are settings for unique issues related to youth access to alcohol. Law enforcement officials have fewer resources and are spread out over large areas. Youth parties are not held in typical "house" settings, but in remote locations. During this call, presenters will discuss some of the strategies and policies they use to overcome the challenges posed by living in rural areas.

June 10-14, 2002

Public Health Summer Institute, MSU Bozeman—Offers skill development in topics such as public health law, change process, epidemiology, communications, GIS, and leadership. Contact Tina Hingst at 444-6820.

June 20, 2002, 3:00–4:15 p.m. ET

Adult Responsibility Laws—Youth access to alcohol is an adult problem. Some parents provide alcohol to minors at parties. Other adults, including strangers and relatives, are also willing to purchase alcohol for minors. Learn about

laws that have been implemented or that can be implemented in your community to confront adult responsibility. Also, learn what parents and adults can do to curb youth access to alcohol.

All programs will provide opportunities for presentation, discussion, and sharing of information. Please register by using one of our automated options:

- To register by phone, please call our toll-free number, 1-877-335-1287, extension 230, and follow the prompts.
- To register on our website, click on Audio Conference Registration, and complete the online registration form.
- To register by e-mail, send your e-mail to piccone@pire.org.

CSAP Center for
Substance Abuse
Prevention
Substance Abuse and Mental
Health Services Administration

A joint publication of the **Prevention Resource Center**
and the **Addictive and Mental Disorders Division**

MONTANA
Department of Public Health & Human Services

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